tially activated by thymidine phosphorylase to 5-FU within tumor cells. A randomized phase III clinical trial comparing capecitabine (n = 301, 1250 mg/m²/bid × 14d, q3 weeks) vs. Mayo Clinic (M)-regimen (n = 301, 5-FU 425 mg/m²; LCV 20 mg/m² d1-5, q4 weeks) resulted in a superior response rate (26.6% vs. 17.9%, P = 0.013), equivalent progression-free survival (5.3 vs 4.8 months, HR (hazard ratio) 0.96), equivalent overall survival (13.2 vs 12.4 months, HR 0.91), and a superior safety profile in terms of significantly less gastrointestinal toxicity, neutropenia and alopecia for capecitabine. **OBJECTIVE:** To evaluate the economic consequences of oral capecitabine vs. i.v. M-regimen administration. **METHODS:** Patients were recruited from 66 centers in 8 EU-countries, Australia, New Zealand, Russia, Israel and Taiwan. Data on number and duration of visits for drug administration were collected during the clinical trial for all randomized patients and analyzed. Cost estimates based on publicly available statistics were used. **RESULTS:** For capecitabine, one visit per cycle (every 21 days) was scheduled and 5 per cycle (every 28 days) for the M-regimen. Overall, 73% of scheduled visits (for drug administration) were avoided. In all countries, with the exception of Germany, the M-regimen was administered as an outpatient treatment (96.8%–100%). In Germany 40% of all M-regimen administrations involved overnight stays in the hospital. Savings per patient in the range of €2,200 (UK outpatient) and €8,000 (Germany in-patient) may be expected due to capecitabines' oral route of administration. **CONCLUSION:** Oral administration of capecitabine substantially reduces the number of visits cancer patients make to treating centers compared to i.v. administration (M-regimen). 73% of drug administration visits were avoided in this phase III study. Improvements in patient convenience and considerable savings to the healthcare system can be realized with oral drug administration.

MENTAL HEALTH

MH1

PATTERNS OF USE OF ANTIDEPRESSANT AND CONCOMITANT PSYCHOTROPICS

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OBJECTIVE: To observe patterns of antidepressant use and concomitant psychotropics to determine implications for clinical prescribing practice. **METHOD:** Among 1.6 million members of Merck-Medco Managed Care, L.L.C. followed continuously between 1/1/96 and 12/31/98, we identified all patients (N = 42,510) who received a new prescription (defined as none within the prior 12 months) for an antidepressant in 1997 (Index AD). We observed the time between the use of other concomitant psychotropics (e.g. antipsychotics(AP)/atypicals(AP-A), anxiolytics (ANX)/buspirone(ANX-B), sedative/hypnotics (SH) and zolipidem (SH-Z), and miscellaneous (MISC)) in the year prior to or after the index AD prescription. **RESULTS:** 14, 792 (34.8%) of AD patients used a concomitant psychotropic. These patients displayed a parallel pattern in use of all classes of concomitants: 0.2–12.2% using at least one additional class 4 months prior to, 0.3–2.0% same day, and 0.8–3.0% 4 months after the index antidepressant. However, patients were more likely to receive a traditional antipsychotic and anxiolytic prior to the index AD, and an atypical antipsychotic and buspirone after the index AD.

Concomitant	% of AD patients	Pre Index AD	Same Day	Post Index AD
AP	2.3	.7	.3	1.3
AP-A	2.4	.2	.4	1.8
ANX	21.3	12.2	2.0	7.1
ANX-B	3.7	1.5	.4	1.8
MISC	2.6	.7	.3	.8
SH	5.7	3.0	.4	2.3
SH-Z	9.0	4.4	.7	3.0

CONCLUSION: Whereas we hypothesized excessive benzodiazepine and hypnotic usage pre and post index AD, we noted lower than expected usage. We did not expect the pattern of increased atypical antipsychotic usage on the same day or subsequent to an index AD. All classes of concomitant psychotropics revealed a similar general pattern: a steady increase in the 4 months prior to an index AD, a peak on the index AD date, and a tapering over the next 4 months. We speculate that continuing medical education of physicians may be contributing to a decrease in the misuse of benzodiazepines and sedative/hypnotics.

MH2

ATYPICAL ANTIPSYCHOTICS AND THE RISK OF DEVELOPING DIABETES

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OBJECTIVES: To assess the risk of diabetes among patients undergoing treatment with risperidone vs olanzapine. A series of case reports had previously associated olanzapine use with the development of hyperglycemia, diabetes, and diabetic ketoacidosis. **METHODS:** Two cohorts totaling 34,713 patients were identified from the Quebec Medicare database between January 1997 and 31st December 1999. One cohort consisted of patients who had at least one prescription for olanzapine during that period (n = 19,779) and the other of patients receiving risperidone but not olanzapine (n = 14,934). In either case, patients with a diagnosis of diabetes (defined as either a recorded ICD9 250.0 to 250.93 or a prescription